

MONEYPLU\$ Worksheets

To figure out how much to deposit in your MONEYPLU\$ accounts, refer to the following worksheets. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. For a Medical Spending Account there is no minimum and a \$5,000 maximum. For a Dependent Care Spending Account there is no minimum, and the maximum depends on your tax filing status. If you are married and filing separately, your maximum annual deposit is \$2,500. If you are single and head of household, your maximum annual deposit is \$5,000. If you are married and filing jointly, your maximum annual deposit is \$5,000. If either you or your spouse earn less than \$5,000 a year, your maximum annual deposit is equal to the lower of the two incomes. If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.

Medical Spending Account Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

UNINSURED MEDICAL EXPENSES

Health insurance deductibles \$ _____

Coinsurance or co-payments \$ _____

Vision care \$ _____

Dental care \$ _____

Prescription drugs \$ _____

Travel costs for medical care \$ _____

Other eligible expenses \$ _____

SUBTOTAL \$ _____

myFBMC CardSM annual,
non-refundable \$10 fee \$ _____

DIVIDE by the number of paychecks you will
receive during the plan year.* \$ _____

This is your per-pay-period contribution. \$ _____

* If you are retiring or are enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year. To participate in the MONEYPLU\$ Medical Spending Account, you must have completed one year of continuous state service by January 1 following an enrollment period. See Page 5 for details.

Dependent Care Spending Account Worksheet

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES

Daycare services \$ _____

In-home care/au pair services \$ _____

Nursery and preschool \$ _____

After school care \$ _____

Summer day camps \$ _____

ELDER CARE SERVICES

Daycare center \$ _____

In-home care \$ _____

SUBTOTAL—Remember, your total contribution
cannot exceed IRS limits for the plan year and
calendar year. \$ _____

DIVIDE by the number of paychecks you will
receive during the plan year.* \$ _____

This is your per-pay-period contribution. \$ _____

* If you are retiring or are enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

DIRECT DEPOSIT - No one likes waiting for their money, why are you?
MSA reimbursements are deposited into the checking or savings account of your
choice within 48 hours of claim approval, and Direct Deposit has no fees!

**Please remember to include all applicable fees in your Medical Spending Account
contribution if you plan to use your myFBMC CardSM as a form of payment.**